



**DEPARTMENT OF HEALTH AND HUMAN
SERVICES**

Licensure and Regulatory Services

255 Rockville Pike, Ste 100

Rockville, Maryland 20850-2368

240-777-3986 Fax 240-777-3088

www.montgomerycountymd.gov/licensure

TRANSIENT LODGING FACILITY LICENSE APPLICATION

Application is hereby made for a license to operate a Transient Lodging Facility in Montgomery County,

New ☐ Renewal ☐ (Please Print)

TODAY'S DATE _____

Name of Facility: _____ Phone #: _____

Include Area Code

Address of Facility: _____

Street Number and Street Name

City State Zip Code

Name of Owner: _____ Telephone #: _____

Include Area Code

Federal Tax Identification #: _____

Fax Telephone: _____ Email Address: _____

Include Area Code

Address of Owner: _____

Street Number and Street Name

City State Zip Code

Resident Manager: _____ Telephone #: _____

Include Area Code

Type of Facility (check one)

Number of Guest

☐ Hostel (Hotel, Motel, Motor Court, etc.) _____

☐ Tourist Home _____

☐ Rooming House _____

☐ Boarding House _____

Has any applicant been adjudged guilty of violating any of the following provisions of Article 27 of the An Code of Maryland as amended: Sections 16 to 18 inclusive (bawdy houses and house of ill fame), Section 1 (disorderly houses), Sections 288 to 291 inclusive and Sections 296, 297, 300, 301 (gaming), Section 343 (keeping of or sale of narcotics), Section 497 to 498 (opium joints), Section 128 (disturbance of the peace?

☐ Yes ☐ No If the answer to any of the above is yes, please attach an explanation to this application.

Note: *New applicants must attach a current Use and Occupancy Permit and Fire Marshal approval.*

Payment Method:

Fee Information: Please refer to Transient Fact Sheet

☐ Check ☐ Money Order (No cash is accepted) ☐ Visa ☐ Mastercard **(No other credit cards are a**

Organization: _____ Cardholder's Name: _____

Credit Card No: _____ Exp. Date: _____ Amt: \$ _____

I agree to pay the above total amount according to the card issuer agreement.

Cardholder's Signature: _____

Submit completed application and application fee to address at the top of the application. Checks or money payable to **"Montgomery County, Maryland"**.

OFFICE USE ONLY

Receipt Number: _____

Date Issued: _____

Amount Paid: _____

Date Expires: _____

Check/Money Order Number: _____

Record Number: _____